

ACTIV VIH-00206045 IP-00060400 **ING**

Baby B/O UDUTHA SRUTHI
18-06-2026 0 Y 0 M 0 D 4 H (F)
Dr. ATLURI KUNDANA PRIYA


Name:  -----

UHID No: ----- Consultant: ----- Dept: -----

Date of Admission: 18/6/26 Time: 10:35pm Date of Discharge: ----- Time: -----

Room / Bed No: 222-1 Ward: LW Suggested Billable bed type: -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/6/26	10:35pm	LW	Room 1081	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PROCEEDURE

Date	ProceEDURE	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward <i>Emergency Room</i>	Billing Assistant	Billing Supervisor
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ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

NEW BORN DETAILS

B/O SRUTHI

DOB: 18.06.2026 Sex: FEMALE Maternal Blood Group: _____

Time: 5:59 PM Birth Weight: 3.80 kg Baby Blood Group: _____

SVD/LSCS: _____

Indication: _____

Diagnosis: _____

Any Maternal Complications: _____

Spo2 Pre ductal Right Upper Limb: 95%

Inference : if the value <92 or difference between preductal and post ductal is >3 escalate the situation

Spo2 Post ductal Left Lower Limb: 99%

Any Specific Remarks: _____ Thyroid Screening: _____ : NBS: _____

Hearing Test (OAE): _____ Red Reflex: _____

Head Circumference: 34 cms Length: 51 cms

Vaccination: OPV, BCG, Hep-B vaccine given on 19/6/26 @ 9:15 PM

Date	Day of life	Weight	Weight Loss (> 10% Escalate)	Urine	Stool	DBM/FF	TCB/SBR
19/6/26	1 day	3.72 kg (80 gm)	2.1%	✓	✓	DBF	

ADMISSION SHEET

Registration Details :



Admission No : IP-00060400

Admit Date : 18-Jun-2026

Admit Time : 08:01 PM UHID : VIH-00206045

Patient Details :

Patient Name : Baby B/O UDUTHA SRUTHI

Age : 0 D

Guardian : Mr METTU SANJAY YADAV

DOB : 18-06-2026 05:59 PM

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : 3-55/5/7A Keesara Hyderabad Telangana
INDIA 501301

Phone No : 8143446508/ 9000889483

E-mail : NA@GMAIL.COM

Admission Details :

Bed Type : BASINET

Bed No : CRDL-LW-222-1

Ward Name : N 2F-LABOUR WARD

Room No : CRDL-LW-222-1

Admission Type : First Visit

Contact Details :

Name : Mr METTU SANJAY YADAV

Relationship : Father

Contact Address : 3-55/5/7A Keesara Hyderabad Telangana
INDIA 501301

Phone No : 8143446508 / 8790419483


Signature

Doctor Details :

Doctor Name : Dr. ATLURI KUNDANA PRIYA

Specialisation : NEONATOLOGY

Referral Doctor : DR.MADHUMITA ANIRUDDHA GITAY

Phone No :

Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : SELFPAY

PATIENT TRANSFER FORM



VIH-00206045 IP-00060400
 Baby B/O UDUTHA SRUTHI
 18-06-2026 0 Y 0 M 0 D 4 H (F)
 Dr. ATLURI KUNDANA PRIYA



	Date & Time of Admission 18/6/26 @ 8:1pm	Date & Time of Transfer Order 18/6/26 @ 10:35pm
Treating Consultant Name	Transfer Ordered by Dr. Harish	Reason for Transfer observation
From Unit LW	To Unit Room (108)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 15-	Number of Imaging Films Nil	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Dr. Harish

Name & Signature of Person who is Transferring S. Prathysa	Name of Person Ordered Transfer Dr Harish
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Patient & Clinical Records Received by :

Subbar

Date & Time of Patient Received :

18/6/26 @ 10:35pm

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

Unavailable Bed

Nurse not Available

Available Bed not ready



NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

(Select and 'tick mark' [✓] the boxes as applicable)

Baby's Name: Blo' - uautha sruthi Mother's Name: MYS - uautha sruthi
Date of Birth: 18/6/26 Time of Birth: 5:59PM Gender: Male Female
Birth Weight: 3.80kg Kgs HC: cm Length: cm
Meconium in Liquor: Yes No Cried at Birth: Yes No
Term / Pre-term / Post-term: Term
Resuscitated: Yes No Blood Group: Mother: B+ Positive Baby:
Feeding: Breast Feeding Formula Both First Feed Time: 6:45pm

VIH-00191217 IP-00060388
Mrs UDUTHA SRUTHI
26-01-2001 25 Y 4 M 23 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY



Mode of Delivery: Normal LSCS - Emergency/ Elective Instrumental AVD
Indication: Normal delivery

Physical Assessment of New Born:

Temp: 98.1 °C HR: 150b/min /Min RR: 52b/min /Min BP: SpO₂: 99%

Pain Score: (Follow N Pass)

Fall Risk Assessment: Yes No Score: 15 (Fill the Humpty Dumpty Sheet)

Risk in Pressure Sore : Yes No (Braden Q Score) (Fill the Braden Q Sheet)

Behaviour Status on admission: Sleeping Crying Calm Drowsy

Findings:

General Appearance: Posture : Well-Flexed Asymmetry

Skin: Pink Meconium Stain Others, Specify:

Nursing Management: (Please strike through If not applicable e.g. Yes / ~~No~~)

Vitamin K 1 mg I.M Administered: Yes / No

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

1. Nutritional Screening: Feeding Problem Yes / No

2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / No

3. Socio History: Siblings Yes / No

All information obtained from Mother Father Other Family Member

Newborn Screening Discussed: Yes / No

Nurse Name: Kamala

Signature: [Signature]

Date & Time: 18/6/26 @ 7:PM



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : SYUKHI Age : 25 Yrs Father's Name : Age :
 Date of Birth : 26/1/2001 Date of Admission : UHID No.:
 NICU Consultant : DR. KUNDANA MAM Referring Consultant :
Transferring Unit : OT Labour Room ER Ward
Transported ? Yes No - If yes : Long (> 30 kms) Short (< 30 kms)

BIRTH INFORMATION

Name : BIO SYUKHI Mother's Blood Group : B + K -
 Gender : M F Blood Group :
 Date of Birth : 18/6/26 Time of Birth : 5:59 PM Birth Weight (gms) : 3.80 kg Length (cms) :
 Place of Birth : V- RETH OFC (cms) :
 Estimated Gesth Age : 37 + 1 WKC

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 25 Yrs Ht : 1.61 Wt : 73 kg BMI : Married Life : 1 Yrs LMP : 20/9/25 EDD : 21/7/26
 Conception : Spontaneous or with Rx : Spontaneous
 Booked at what GA : since conception AN Steroids Drugs / Doses : NO
 Last Scans Details : growth scan - 26/5/26 - 3.4 WMC SLEUP, septation, PL - A2.19, AFI - 11.0 cm
AC - 8.9 cm, AFW - 2.6 cm, DOPPLER - TT Immunization and Iron / Folic Acid : Y

MATERNAL RISK FACTORS

Age : <input type="checkbox"/> <18 yrs <input type="checkbox"/> >35yrs Consanguinity : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>NO DEVIATION'S MOLLUSCUM CONTAGIOSUM at SWH</u> If yes, degree of consanguinity : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 H/o PIH (after 20 weeks) / PE How many Drugs / Doses / Since how long : <u>NO</u> H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : <u>NO</u> IUGR - when detected : <u>NO</u> Doppler (Increased Resistance / ADEF / REDF / Redistrbution in MCA) / Ductus Venosus : AFI : <u>11.6 cm</u>	H/o GDM/ pre GDM/ on diet or insulin Controlled or not, recent values, HbA1 values : Compliance with Rx : Scans : LGA, TIFFA , Fetal Echo : H/o Hypothyroidism : when diagnosed ? Medication? <u>hypothyroidism @ 5 WKS - thyroxine - 12.5 mg</u> Any other Chronic Medical Problems, when detected drugs ? <u>NO</u> (Anemia, SLE, Jaundice, CHD, Heart Disease) Infection : H/O, Fever (<input type="checkbox"/> Malaria <input type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV) UTI : when : <u>NO</u> Any culture : <u>NO</u>
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PPROM : Duration : Uterine Tenderness Foul Smelling Liquor HVS (if taken) - Results :
 Medication during Pregnancy : T. ECOSPIN - 50mg since conception STOPPED at 36 Wk Duration :

PAST OBSTETRIC HISTORY

G: 2 P: A: 1 L:

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
G ₁	13 wks	TOP	Fetal anomalies		MERP, SERP	June 2025
G ₂	PP	Spontaneous	conception			

PERINATAL HISTORY

Treating Obstetrician : Dr. MADHUMITA Hospital : V- RCH Inborn Outborn

<p>Duration of Labour</p> <p>First stage (> 18 hours sig) <u>NVD</u></p> <p>Second stage (> 2 hours after dilation)</p> <p>LSCS : <input type="checkbox"/> Elective <input type="checkbox"/> Emergency Indication:</p> <p>Specify the reason :</p> <p>Augmentation of Labour : <input type="checkbox"/> Induced <input type="checkbox"/> Assisted Vaginal</p>	<p>CTG : <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Suspicious <input type="checkbox"/> Pathological</p> <p>MSL : <u>NO</u></p> <p>Resuscitation : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Cord ABG : <u>Ⓢ</u></p> <p>Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : <u>Ⓢ</u>)</p>
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NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : Weeks :

SIGN	0	1	2
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink
HEART RATE	Absent	< 100 Minutes	> Minutes
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal
MUSCLE TONE	Limp	Some Flexion	Active Motion
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying

	1 Minute	5 Minutes	10 Minutes
TOTAL	<u>7/10</u>	<u>9/10</u>	

Resuscitation			
Minutes	1	5	10
Oxygen			
PPV / NCPAP			
ETT			
Chest Compressions			
Epinephrine			

Snapee II Score

	> 30 (0)	20-29 (9)	< 20 (19)
Mean BP (mmHg)	> 96 (0)	96-95 (8)	< 95 (15)
Lowest Temp (oF)	> 2.49 (0)	1-2.49 (5)	0.3-0.99 (15) < 0.3 (28)
Pao ₂ / Fio ₂ (mmHg%)	> = 7.2 (0)	7.1-7.19 (7)	< 7.1 (16)
Lowest Serum PH	No (0)	Yes (19)	
Multiple Seizures	> = 1 (0)	0. 1-0.9 (5)	<0.1 (18)
U. Output (ml / kg / hr)	> = 7 (0)	< 7 (18)	
Apgar Score	> = 1kg (0)	750 - 999 (10)	< 750 (17)
Birth Weight	> 3rd percentile (0)	< 3rd (12)	
SGA			

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

CTA?

History of Present Illness:

Baby delivered via NVD in

Vx presentab^o



HR > 100/min, CRTB



oronasal suction done



Delayed cord clamping was done

for 60s



Cord was clamped & cut under aseptic conditions ZA + IV



Investigation details in previous Hospital :

Inj' vit-K given



shift to roller side

Feeding History :

Past History :

Family History :

Socio Economic History :



GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5°C HR : 150/min RR : 32/min NIBP : CFT : <3cc
 Color of the extremities : Acrocyanosis
 Jaundice : NO Pallor : SpO2 : 96% @ RA

Anthropometry : Birth Weight : 3.80 kg Length : HC : Present Weight :
 Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

HEAD : Fontanelles : Sutures : Shape / Moulding : Edema / Bruising : Size - (H.C.) :

Facies : (Any Facial Dysmorphism) NO facial dysmorphism

NECK and CLAVICLES : Range of Motion : Asymmetry : Masses :

EYES : Symmetry : Red Reflex : Discharge : Lt eye lateral side conjunctival hemorrhage

EARS, NOSE MOUTH and THROAT : Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :



Thorax : } (N)
BREASTS : Position of Nipples and Number :

ABDOMEN and UMBILICUS : Shape : } (N)
 Organomegaly :
 Bowel Sounds :
 Umbilical Stump :
 Discharge :

GENITALIA : Labia / Hymen : } (N)
 Testicles/penis :
 Anus :

HERNIAL ORIFICES free

TRUNK and SPINE : (N)

SKIN LESIONS : None

EXTREMITIES : Fingers / Toes : } (N) Arms / Legs :
 Deformities : Mobility :
 Hip Joint Examination :

SYSTEMIC EXAMINATION

Respiratory System :
Breathing Pattern : Regular Periodic Shallow Gasping
 Mention If baby has Respiratory distress : RR : 50/min. SCR / ICR / See - Saw breathing :
 Scoring of respiratory distress if present (Silverman or Downe's) :
 Mention if baby is on : Hood box CPAP Ventilator
 Settings :
 SpO₂ : 96% @ RA Auscultation : B/L/C (N) Breath Sounds : NVBS (N) Added Sounds : None

Cardiovascular System :
 HR : 152/min BP : Precordial Activity :
 Femoral Pulses : } felt Murmurs : } (N)
 Other Peripheral Pulses : Signs of Cardiac Failure :

Abdomen : Hernia orifice : free
 Shape : (N) Anal Patency : (N)
 Palpation : soft Umbilical Cord : 2A + 1V
 Palpable masses : none First urine passed : } NO
 Abdominal girth : Meconium passed :



Actual functions (Sensorium) : } C/T/A - A/GA

State of wakefulness :

Prechtle Score :

Nerves :

Motor System :

Passive Tone : } (A)

Active Tone : } (A)

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : Bil symmetrical DTR :

ATNR : Skull and Spine : (A)

Any Congenital Anomalies : NO obvious externally visible congenital anomalies

Diagnosis : FT (37+1W) 3.80kg / LGA / IM / F (MVD) CIAB / eye
lateral conjunctival hemorrhage

FOOT PRINTS

Left Side :



Right Side :



Taken by
Kamal
18/6/26
@ 6:40 AM

Resident Doctor :
Signature : [Signature]
Name : Dr. Anish
Date & Time :

Consultant :
Signature : [Signature]
Name : Dr. Kundana
Date & Time : 19/6/26 10AM



- Information given by: Family Friend
- Will patient require transportation arrangements to go home: Yes No NA
- Will Physiotherapy require at home: Yes No NA
- Is home medical equipment anticipated: Yes No NA
- Is home oxygen therapy anticipated: Yes No NA
- Breastfeeding Yes No NA
- Formula Feed Yes No NA
- Are dressing needs at home anticipated: Yes No NA
- Any other needs anticipated: Yes No If Yes Specify

Feeding Plan at the time of shifting :

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Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

Discharge Details:

Neonatal Condition at Discharge:

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Feeding: Breastfeeding Exclusively Breastfeeding and Formula Feeding Formula Feeding

Vitamin K given: Yes No

Vaccinations given BCG Hepatitis B Others:

Neonatal Screen Taken: Yes No, parents advised to have Neonatal Screen at National screening

program center on:/...../.....

Hearing Test: Yes No

Jaundice: NIL Slight Moderate

Passed Urine: Yes No

Passed Meconium: Yes No

Weight at discharge:

Appointment was given for follow-up at OPD: Yes No

Date of Discharge:/...../.....

Discharge to Home Other:

Against Medical Advice: Yes No

Referred to another hospital: Yes No

Discharge Medications: Yes No

Details:

Final Diagnosis:

- cord care, wormth care
- B/F AB B/P x zhy a on demand
- Vaccination as ICV schedule
- SBR, OAC, NBS B/F discharge
- GRBS - 6th hy (preferred) b.M 48 hnl

GRBS
G: 50PM? -
7am/1dl

marked
by
Pradnya

Doctor Signature:

Doctor Name:

Date & Time:

VIH-00206045 IP-00060400
 Baby B/O UDUTHA SRUTHI
 18-06-2026 0 Y 0 M 0 D 8 H (F)
 Dr. ATLURI KUNDANA PRIYA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26 9 AM	s/B Dr. Shundana Term ^{LGA} / AGA baby girl / NDL-15 / Hypothermic mother	
	o/E baby warm resp.	
	Tone } (M) reflex }	
urine ✓ stool ✓	H/L - N/D P/A - soft	
	RBS / GH	plan
	NACE: done.	1) warmth. cord care 2) Bil Hy Burping Q2H 3) Vaccination done
	OAE / TOR. fw	4) OAE / TOR flap 5) GRRS - 6th body (pre fed)
to discharge fw: 22/6/26 19/6/26 10 AM		
		Noted by Besonika 19/6 @ 10 AM

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Baby B/O UDUTHA SRUTHI
18-06-2026 0Y0M0D17H (F)
Dr. ATLURI KUNDANA PRIYA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19.6.26	<u>lactation notes (Mrs. Ranupriya)</u>	
	• 1st time young Mother	
	• Short nipples both sides	
	• Drops of milk seen	
	• Nipple stimulation exercises discussed.	
	• Assisted Mother in feeding	
	• Baby latching & sucking well	
	• Advised to feed every 2hrs	
	• More skin to skin	
	• flu	
	Q 10:20am	

VIH-00206045 IP-00060400
 Baby B/O UDUTHA SRUTHI
 18-06-2026 0 Y 0 M 0 D 4 H (F)
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Patient Sticker



HAND OVER FORM

SITUATION		Diagnosis: <u>F5/37Hcook/3801kg/IM/F</u> <u>NUCLAD/BSI lateral conusctial</u> <u>ner root tear</u>				Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known		
Surgery / Procedure:						Post OP Day:		
BACKGROUND	Date	<u>18/6/26</u>	<u>18/6/26</u>	<u>18/6/26</u>	<u>19/6/26</u>			
	Shift	<u>E</u>	<u>N</u>	<u>NIGHT</u>	<u>M</u>			
BACKGROUND	Medical Condition (Any special condition to be noted):	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>			
	Diet:	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>			
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>			
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<u>92.1°F</u>	<u>96.7°F</u>	<u>98.6°F</u>	<u>98.6°F</u>		
		Res:	<u>14/24</u>	<u>16/24</u>	<u>32/24</u>	<u>36/24</u>		
	SpO ₂ :	<u>96.6</u>	<u>98.1</u>	<u>100%</u>	<u>99.1</u>			
	Pulse:	<u>108b/min</u>	<u>150b/min</u>	<u>133b/min</u>	<u>136b/min</u>			
	BP:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>			
	LOC:	<u>Comatose</u>	<u>Comatose</u>	<u>conscious</u>	<u>conscious</u>			
	Fall Risk Score:	<u>15</u>	<u>15</u>	<u>15</u>	<u>15</u>			
Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>				
Skin Integrity	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>				
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:	<u>-</u>	<u>-</u>	<u>NIL</u>	<u>NIL</u>			
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>			
	Critical Lab Test / Values:	<u>-</u>	<u>-</u>	<u>NIL</u>	<u>NIL</u>			
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	ADL (Dependent / Non Dependent):	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>			
Post Operative Procedure Special Orders:		<u>-</u>	<u>-</u>	<u>CRP 5.6mg</u> <u>mg</u>	<u>-</u>			
Handed Over By Name :		<u>Kamala</u>	<u>Prathul</u>	<u>Subhar</u>	<i>Noted by Besonika 18/6 @10AM</i>			
Signature / ID :		<u>02953</u>	<u>020533</u>	<u>021114</u>				
Date:		<u>18/6/26</u>	<u>18/6/26</u>	<u>19/6/26</u>				
Time:		<u>@8pm</u>	<u>@10pm</u>	<u>@8am</u>				
Taken Over By Name :		<u>Prathul</u>	<u>Subhar</u>	<u>Besonika</u>				
Signature / ID :		<u>020533</u>	<u>021114</u>	<u>B018727</u>				
Date:		<u>18/6/26</u>	<u>18/6</u>	<u>19/6/26</u>				
Time:		<u>@8pm</u>	<u>@10pm</u>	<u>@8am</u>				

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure:	Post OP Day:						
BACKGROUND	Date							
	Shift							
	Medical Condition (Any special condition to be noted):							
	Diet:							
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):							
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:						
		Res:						
		SpO ₂ :						
		Pulse:						
		BP:						
		LOC:						
		Fall Risk Score:						
Pain Score:								
Skin Integrity								
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:							
	Others Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:							
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	ADL (Dependent / Non Dependent):							
	PU Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Operative Procedure Special Orders:								
Handed Over By Name :								
Signature / ID :								
Date:								
Time:								
Taken Over By Name :								
Signature / ID :								
Date:								
Time:								

NURSING CARE RECORD

VIH-00206045 IP-00060400
Baby B/O UDUTHA SRUTHI
18-06-2026 0 Y 0 M 0 D 8 H (F)
Dr. ATLURI KUNDANA PRIYA



Date: 18/6/20

Goals

- Maintain Airway and Oxygenation
- Maintain Personal Hygiene
- Identify Potential Complications
- Relieve Pain & Discomfort
- Prevent Infection
- Any Others. Specify.....
- Maintain Fluid Balance
- Meet Elimination Needs
- Improve Activity Tolerance
- Ensure Safety
- Maintain Good Nutritional Status
- Early Ambulation Reduce Anxiety
- Maintain Skin Integrity
- Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	10pm	Breast feeding	10pm	provide mother breast feeding	Provided mother feeding	Baby was sucking well	[Signature] 18/6/20

VIH-00206045 IP-00060400
 Baby B/O UDUTHA SRUTHI
 18-06-2026 0 Y 0 M 0 D 8 H (F)
 Dr. ATLURI KUNDANA PRIYA



NURSING CARE RECORD



Date: 19/6

Goals

- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Maintain Skin Integrity
- Maintain Personal Hygiene
- Prevent Infection
- Meet Elimination Needs
- Ensure Safety
- Early Ambulation Reduce Anxiety
- Patient & Family Education
- Identify Potential Complications
- Any Others. Specify..... *NS*

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	10AM	→ Discharge note :-		Doctor come for rounds & advice	Discharge		
Afternoon						Noted by Besonika rlb @10AM	
Night							

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HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	18/6/26	19/6	19/6		
	3 to less than 7 years old	3	4	4	4		
	7 to less than 13 years old	2	-				
	13 years old and above	1	-				
Gender	Male	2	-				
	Female	1	1	1	1		
Diagnosis	Neurological Diagnosis	4	-				
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	-				
	Psych / Behavioral Disorders	2	-				
	Other Diagnosis	1	1	1	1		
Cognitive Impairments	Not aware of Limitations	3	-				
	Forget Limitations	2	-				
	Oriented to own ability	1	-				
	History of Falls or Infant-Toddler Placed in Bed	4	4	4	4		
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3	3	3	3		
	Patient Placed in Bed	2	-				
	Outpatient Area	1	-				
Response to Surgery / Sedation Anesthesia	Within 24 hours	3	-				
	Within 48 hours	2	-				
	More than 48 hours/None	1	1	1	1		
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3	-				
	Hypnotics	3	-				
	Barbiturates	3	-				
	Phenothiazines	3	-				
	Antidepressants	3	-				
	Laxatives / Diuretics	3	-				
	Narcotics	3	-				
	One of the Meds listed above	2	-				
	Other Medications / None	1	1	1	1		
Total			15	15	15		

Intervention:

-Fall Risk: Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		-	✓	✓		
Call device within reach		-	✓	✓		
Wheels Locked		yes	✓	✓		
Room free of clutter		-	✓	✓		
Adequate lighting		-	✓	✓		
Wheel chair support		-	x	x		
Other Intervention(s) Specify		-	✓	✓		
Nurse's Name:		Subhadra	Subhadra	Subhadra		
Signature:		[Signature]	[Signature]	[Signature]		
Date:		18/6/26	19/6	19/6		
Time:		9:30 AM	3:00 PM	9:00 AM		

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INFANT (<1 year)
 Children's Observation &
 Early Warning Scoring Chart



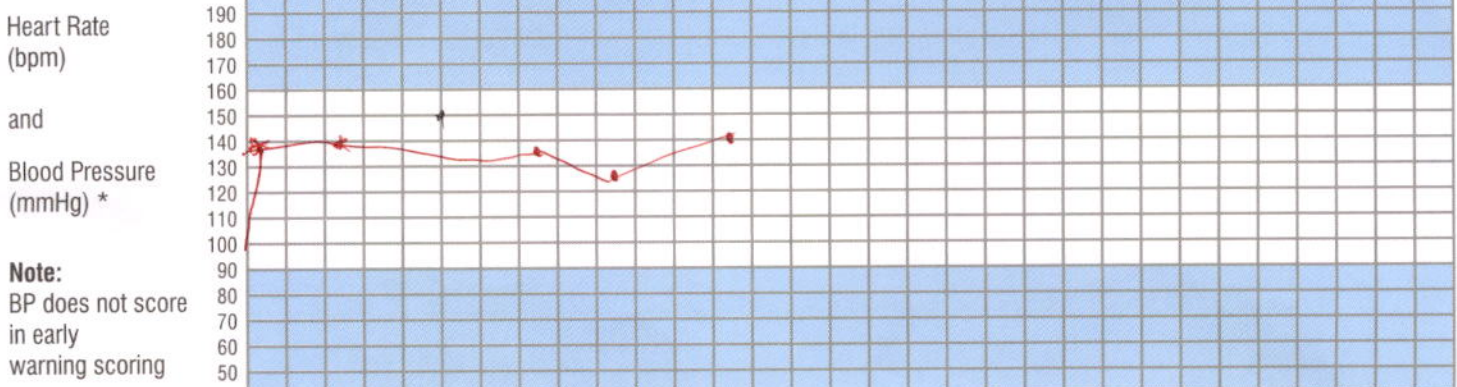
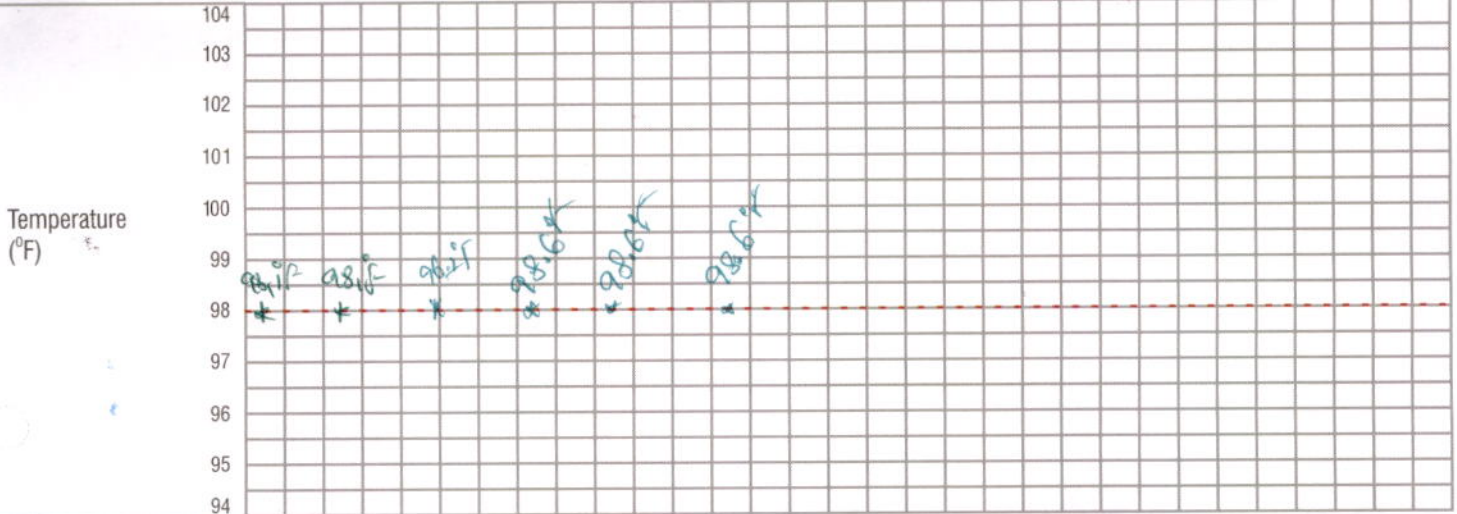
Patient Stick

124

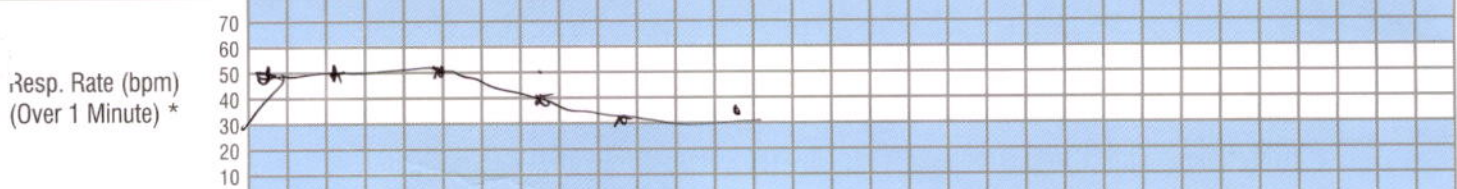
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 18/6/26 Time: 6 8 10 1 4 7

Doctor/Nurse/Family Concern? PM PM AM AM AM



Heart Rate (Number) 140 145 145 138 129 140



Resp Rate (Number) 50 50 51 40 30 33

Resp Mod/ Severe Distress None / Mild ✓ ✓ ✓

Receiving O₂ (l/min) O₂ Saturations (%) 99 98 96 99 96 97

Conscious Level Normal Altered N N N N N N

GCS * N N N 15 15 15

TOTAL SCORE Number of shaded boxes 0 0 0 0 0 0

Pain Score 0 0 0 0 0 0

Observer's Initials V L P SR SE SK

- ACTIONS**
- Score 1 : Continue normal observation by staff nurse
 - Score 2 : Shift in charge nurse to be informed and continue hourly observations
 - Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
 - Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
 - Score 5 & 6 : Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
S	SITUATION: I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACK GROUND: Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	ASSESSMENT: I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	RECOMMENDATION: I need you to ... come to see the child in the next (XX mins) AND is there anything I need to do in the meantime? (e.g. stop the fluid/ repeat observation)

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FLUID CHART

Sheet No. :

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
18/6	06:00 pm	DBF								✓		9/18/6/2	
	07:00 pm												
Total Intake :						Total Output : Passed							
18/6	08:00 pm	DBF										0	
	09:00 pm											0	
	10:00 pm	DBF										0	
	11:00 pm												
	12:00 am	DBF								✓		0	
	01:00 am												
Total Intake :						Total Output :							
19/6	02:00 am	DBF											
	03:00 am									✓			
	04:00 am	DBF											
	05:00 am												
	06:00 am	DBF											
	07:00 am												
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							



FLUID CHART

Sheet No. :

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
18/6	08:00 am		DBF										
	09:00 am												
	10:00 am		DBF										
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							

noted by 18/6 @ 10A m

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RESULT SHEET

Date					
Time					
Hb					
PCV					
RBC					
WBC					
N/L					
Platelets					
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

Date & Time: 18/06/26

ATTENDANT INFORMATION SHEET

I, Mr/Mrs M. Sanjay s/o _____ hereby state that
my child/Wife U. Shanthi UHID No: 206045 has been
admitted in URADLE. I understand that
hospital is taking utmost precautions by standards set by Ministry of health, India.
The Treating Team has requested us to follow the following instructions.

We are requested to follow below instructions strictly.

1. Always wear MASK
2. Follow strict hand hygiene with Alcohol hand rub frequently
3. Avoid any movement in the hospital (Once admitted will move out only after discharge).
4. Only one attendant is allowed per patient and no visitors are allowed in the hospital.

Name & signature of Legal Guardian and
relationship with patient:

M. Sanjay

Name and signature of Executive taking
the consent

[Signature]

Name and signature of Witness:

[Signature]